
Full Name of Party Filing this Document

Mailing Address (Street or Post Office Box)

City, State, and Zip Code

Telephone Number

IN THE DISTRICT COURT OF THE _____ JUDICIAL DISTRICT OF
THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

IN RE:

_____ ,

Legal Name Of Children

Case No.: _____

AFFIDAVIT OF SERVICE
(PETITION FOR NAME CHANGE &
NOTICE OF HEARING - Minors)

STATE OF _____)
: ss
County of _____)

I, _____, swear that:

1. I am a resident of _____ County, State of Idaho, over the age of eighteen (18) years, and not a party to the above-entitled action.

2. On the _____ day of _____, 20____, I personally served a copy of the Petition for Name Change and Notice of Hearing upon (other parent's name)

_____, in the County of _____,

State of _____ at (address) _____,

(city) _____.

Affiant's Signature

Typed/Printed Name of Affiant

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____.

NOTARY PUBLIC

Residing at _____

Commission Expires: _____